BiWeekly Employee Time Sheet

Empl	oyee Name:	Department:									
Period From:		To: Rate								of Pay:	
			_			1		T			
Date		In	Out	In	Out	REG	ОТ	PTO	HOL	Total	Notes
	Sunday										
	Monday										
	Tuesday										
	Wednesday										
	Thursday										
	Friday										
	Saturday										
TOTAL HOURS											
										1	
Date		In	Out	In	Out	REG	ОТ	PTO	HOL	Total	Notes
	Sunday										
	Monday										
	Tuesday										
	Wednesday										
	Thursday										
	Friday										
	Saturday										
TOTAL HOURS											
										<u> </u>	

Employee Signature: ______ Supervisor Signature: _____

This form represents the accounting and the total number of hours submitted by the signed employee for payment by the Town of Newton. As such, the employee states, to the best of his/her knowledge, that the accounting is accurate and that the figures represent a true accounting of the hours that are entitled to compensation by the Town of Newton's Personnel Policies. Any attempt to misrepresent the department and the Town of Newton is a violation of the department's rules and regulations which will lead to disciplinary action including suspension or employment termination.